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USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshal Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER						
United States of America	16-00038						
DEFENDANT	TYPE OF PROCESS						
KIMBERLY C. SPENCER	<i>sale</i>						
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN KIMBERLY C. SPENCER ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 1007 North Market Street Berwick, PA 18603							
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106</td> <td style="width: 30%;">Number of process to be served with this Form 285</td> </tr> <tr> <td></td> <td>Number of parties to be served in this case</td> </tr> <tr> <td></td> <td>Check for service on U.S.A.</td> </tr> </table>		KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106	Number of process to be served with this Form 285		Number of parties to be served in this case		Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service*)

Bid: \$27483.00

Signature of Attorney other Originator requesting service behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	215-627-1322	7/26/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>Sign and for USM 285 if more than one USM 285 is submitted.</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. 67	No. 67	<i>Re</i>	<i>9/22/16</i>

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See Remarks below).

Name and title of individual served if not shown above.

**FILED
SCRANTON**

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

NOV 21 2016

Date **10/6/2016** Time **11:15** am pm

Signature of U.S. Marshal or Deputy *M. P.*

Service Fee	Total Mileage Charges including out-of-towners	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund)*
\$195.00	\$49.68		\$244.68		\$0.00

REMARKS: *1 DUSM @ 3 HRS (3x65) = 195.00 ; RD TRIP MILEAGE: (92x.54) = 49.68*

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**FILED
HARRISBURG, PA**

OCT 24 2016